

DEPARTMENT OF ADMINISTRATION  
OFFICE OF ACCOUNTS AND CONTROL

**ANNUAL STATEMENT OF PERSONAL USAGE FOR STATE TELECOMMUNICATION  
DEVICE/SERVICE**

**SECTION A: USER INFORMATION**

Employee Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
(Print)

Agency: \_\_\_\_\_ Payroll Acct # \_\_\_\_\_

Period From: \_\_\_\_\_ To: \_\_\_\_\_

Telecommunication Device/Service Number: \_\_\_\_\_

**SECTION B: CALCULATION OF FRINGE BENEFIT AMOUNT**

AMOUNT OF BENEFIT TO BE INCLUDED IN GROSS INCOME:

A. Personal Usage November 1 - December 31 -----A.1 \_\_\_\_\_

January 1 - October 31 -----A.2 \_\_\_\_\_

Total Personal Usage (Sum of A.1 + A.2)-----A.3 \_\_\_\_\_

C. Gross Fringe Benefit Amount: (Item A.3) \$ \_\_\_\_\_

D. Subtract User Reimbursement (November 1 to October 31) \$ \_\_\_\_\_

E. Taxable Fringe Benefit Amount: (Subtract D from C) \$ \_\_\_\_\_

**TO EMPLOYEE:** Complete and sign this form in duplicate and return to your payroll office. If more than one device/service is used under this method, complete separate Form A-54 for each device/service

\_\_\_\_\_  
Employee's Signature / Date

**NOTE:** Under IRS regulations, employees are required to furnish to the employing agency substantiating evidence used to arrive at the personal and business use. Substantiating evidence = a log of both personal and business use. This form will not be accepted if not accompanied by a log.